



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

February 5, 2015

Norah Krah
677 26th Street
Des Moines, IA 50312

Dear Child Care Provider,

This letter is in regards to the January 30, 2015 compliance check of your Level B, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.5(2) A provider file is maintained and contains:

☐ 110.5(2)a A physician's signed statement of health and immunization status on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every two years.

You and your husband will need to obtain current physicals and keep documentation in your provider file at all times. Please take the new physical forms to your doctor for completion. These can be found on pages 24 and 25 of the packet provided to you at the time of the spot check. These forms are good for three years.

☐ 110.5(8) Children's Files

☐ 110.5(8) An individual file is maintained for each child and updated annually or when there are changes. Each file contains:

I would suggest choosing an annual time each year to review all of your children's files and make any necessary updates at one time in order to better track updates.

☐ 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number.

You can use pages 1 and 2 of the packet provided to meet this criteria.

☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency.

Refer to pages 1 and 2 of the packet of forms.

- ☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment.

Please use page 3 and request that the child's parent sign the document. This form is very important in the event that one of the children would need emergency medical treatment. This form should be completed even if the child is a relative.

- ☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.

Request from parents.

- ☐ 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian.

Request from parent. Request from parent. They can use the form on page 4 to make this process easier.

- ☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually.

Request from parent. They can use the form on page 4 to make this process easier. This form should be signed by the child's doctor.

- ☐ 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.

Request from parent. They can use the form on page 4 to make this process easier. The form must be signed by a doctor.

- ☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.

Refer to page 1 of the packet provided.

- ☐ 110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since.

Request from parent.

- ☐ 110.5(10) Substitutes

☐ 110.5(10)e The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.

Please be sure you are keeping track of the hours that your substitute is watching the children by himself to ensure that you do not exceed the allotted 25 hours a month and two additional calendar weeks each year. You were provided the form to document these hours at the time of my visit, please see page 16 of the packet.

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.**

☐ Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur after the 45 day time period has elapsed.

x ☐ Based on the items out of compliance listed above, a recheck or follow up visit to your home is **NOT** necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates. **Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.**

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

Please sign and date below, and return this form in the provided envelope by: March 30, 2015.

X _____
Signature Date

Please do not hesitate to contact me at DHS at 515-993-1742 or mcrawfo@dhs.state.ia.us if you have any questions regarding this letter.

Sincerely,

Melissa Crawford
Melissa Crawford
Social Worker II

C. Mark Chappelle
Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 1-800-722-7619.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at <https://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).